## Comments on EAC Draft Phase I Report Submitted by Vicki Veltri 4/22/15

- 1. Drop footnotes early on in the report to the appendices where the composition of the EAC and the design groups are mentioned.
- 2. Set out the definitions of under-service and patient selection on page 2.
- 3. Page 5- don't use SHIP. Too much confusion with DPH's Healthy People 2020 report
- 4. Page 5- shared savings program definition-- add " and improving quality" before the language after the colon.
- 5. Page 6. PMO facilitates, the steer co oversees--policy belongs to steer co
- 6. Page 7- I believe you are confusing the commercially insured population with the self-funded population, which is why I Recommend not using "insured" and instead describing people as members of "health plans."
- 7. Page 7, end of first sentence, please add " and are not harmed by" to "populations" benefit from"
- 8. Page 7, end of that same a paragraph. Recommendations are prepared for the steer co, not the PMO.
- 9. Page 8- end of first. Paragraph, add " in the form of reduced access or under-utilization of services" right after "may result in the under provision of services"
- 10. Page 8- in the illustration, the top right box should refer to "accessible" healthcare.
- 11. Page 9-- is there no evidence at all of underservice in any shared savings program? What research did Medicare use when it raised concerns about this issue?
- 12. Page 9 under the "payment design features" bullet, please add something about minimizing incentives in addition to not creating incentives.
- 13. Page 10-- 2D doesn't read right to me, unless you mean "them" instead of "it" in the second line of that item 14. Page 11a bottom paragraph, please add "administer" to the list of activities related to healthcare. I feel this section is incomplete as we don't yet have recommendations on implementation, and I think we need them.
- 15. Page 12-- first paragraph, I'm not sure I would call the shared savings payment an "incentive payment." I think that might be confusing.
- 16. Page 12-- first paragraph, can we please mention that we are recommending that patient experience also be tied to the shared savings payment?
- 17. Page 12---first paragraph, last sentence, why are we not referring to "advanced networks?"
- 18. Page 12, second paragraph, first sentence should say, "Health plans have developed..." Please carry that phrasing throughout the report so asnot to confuse insurance with self-funded plans.
- 19. Page 13 is where citations to federal rules begin. Can you cite the actual rules for people like me who might want to look for the actual reference?

It would be better to cite the proposed rule rather than a fact sheet, I think.

I would carry that recommendation through the report.

- 20. Page 15-- first paragraph, why does the geographic approach "provide little distinct incentive for the patients to engage in their care and put the provider at greater financial risk?"
- 21. Page 16-- first bullet, please remove the word "inappropriately," as it implies choice for provider location when that isn't always the case.
- 22. Page 17--carry over paragraph, change "insurance status" to "coverage status.
- 23. Are socioeconomic status and other determinants of health actually used to set cost benchmarks? That's how I am reading this paragraph. If not, can you please clarify. I think many of these factors are predictable, but I'm not sure they are being used to set cost benchmarks.
- 24. Page 27-- is "upside risk an uncommon design option? Could it be described in the table?
- 25. Page 34-- DSS has other ASO contracts. Up to Kate how or if she wants them Described.
- 26. Page 36-- it would be helpful to include some language on how we are getting to our third charge.

- 27. Page 38-- we refer to our staff as "advocates" instead of ombudsmen.
- 28. Page 58-- I would prefer to say that "since 2001, the Office of the healthcare Advocate has served a similar role to the CMS ombudsman office. OHA has served as the state's consumer assistance program under the ACA since 2010. "
- 29. I have the same concern Kate has about the third part of our charge and how we are going to get to implementation.